



National Practitioner Data Bank

Healthcare Integrity and Protection Data Bank

P.O. Box 10832, Chantilly, Virginia 20153-0832 • www.npdb-hipdb.hrsa.gov



Type of Organization Codes

Group or Practice 361 Chiropractic Group/Practice 362 Dental Group/Practice 365 Medical Group/Practice 366 Mental Health/Substance Abuse Group/Practice 363 Optician/Optomeric Group/Practice 367 Physical/Occupational Therapy Group/Practice 364 Podiatric Group/Practice 393 Home Health Agency/ Organization 382 Hospice/Hospice Care Provider Hospital 304 Federal Hospital 301 General/Acute Care Hospital 302 Psychiatric Hospital 303 Rehabilitation Hospital Hospital Unit 307 Psychiatric Unit 308 Rehabilitation Unit 310 Laboratory/CLIA Laboratory	389 Nursing Facility/Skilled Nursing Facility 370 Research Center/Facility Other Health Care Facility 381 Adult Day Care Facility 392 Ambulatory Clinic/Center 391 Ambulatory Surgical Center 398 End Stage Renal Disease Facility 394 Health Center/Federally Qualified Health Center/Community Health Center 383 Intermediate Care Facility for Mentally Retarded/Substance Abuse 397 Mammography Service Provider 395 Mental Health Center/Community Mental Health Center 388 Outpatient Rehabilitation Facility/ Comprehensive Outpatient Rehabilitation Facility 399 Radiology/Imaging Center 386 Residential Treatment Facility/ Program 396 Rural Health Clinic	Managed Care Organization 331 Health Maintenance Organization 335 Preferred Provider Organization 336 Provider Sponsored Organization 338 Religious, Fraternal Benefit Society Plan 320 Health Insurance Company/Provider Health Care Supplier/Manufacturer 347 Biological Products Manufacturer 342 Blood Bank 343 Durable Medical Equipment Supplier 344 Eyewear Equipment Supplier 351 Fiscal/Billing/Management Agent 353 Nursing/Health Care Staffing Service 348 Organ Procurement Organization 345 Pharmacy 346 Pharmaceutical Manufacturer 349 Portable X-Ray Supplier 352 Purchasing Service 390 Ambulance Service/Transportation Company 999 Other Type - Not Classified, Specify, _____
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